FOR INSTRUCTIONS, SEE BACK OF FORM		
DISCLOSURE SUMMARY PAGE	FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
DISCLOSORE SOMINARY FAGE	,	
	For Office Use O	nly 75
COMMITTEE NAME (Must be same as on Statement of Organization)	Comm. #	4-6
Radig for State House	Audited 1	8-03 2
IMPORTANT: Indicate type of committee you are reporting for:	Computer/	IRS
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support Slate of Candidates		
1712) 253-257	7 /2	-/3/03
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATES	SIGNED
	HENE	STATE OF THE PARTY
Routine Penalties Due For Late Filed Reports Range from \$	20 to 500.0	BUREBOARD
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	DEC	8 2003
	0	100 13 11
I AM FILING A January 19, 2003 REPORT FOR AN/A (1) ELECTION	(MONELEC	TION YEAR.
(report date) Indicate of	one [/]	
CHECK IF AMENDMENT TO REPORT DATED 116/03 Local C	Committees, enter [Date of Election
11,	5/02	
	& Local Committe	es, enter County in
(You must continue to file reports until a Notice of Dissolution is filed.)	Election is held oodbur U	
	000001	
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This is the total		
of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period,		
or must be zero if this is first report filed.)	\$ <u> 1138</u>	,०४
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)	1130	0,00
Schedule F: Loans Received total (Attach Schedule F)	21	,00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		$ ot\!\!\!/$
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$ 228	9.08
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)	<u>218°</u>	8,74
Schedule F: Loan Repayments total (Attach Schedule F)		Ø

UNPAID BILLS (From Schedule D - Attach Schedule D) \$

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

be zero) (Attach DR-3)....s_1.00.34

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

CHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS

(Including candidate's personal funds)

COMMITTEE NA	AME (Must be same as on Statement of Organization)	_
Radig	For State House	

CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/17/02	ID# CK#	John Mayne 3832 Nebraska St. Sibux City, IA 51104		\$ 25.00	
10/17/02	ID# CK#	John Cleghorn 417 N Royal Troon Dakota Dunes, SD 57049		25.00	
10/17/02		Reinhold Hoffman 1902 Jackson St. Sioux City, IA 51104		100.00	
10/17/02	· · · · · · · · · · · · · · · · · · ·	Mary Anderson 1018 25th St. Sioux City, IA 31104		25.00	
10/17/02	ID# CK#	Shirley Navrude 4343 Old Lake Post Rd. Sionx City, IA 31106		50.00	
10/17/02	ID# CK#	Barbara Vakulskas 4300 Country Club Blvd. Sioux City, IA 51104		25.00	
10/17/02	ID# CK#	Bev Huldeen 1804 Isabella St. Sioux City, IA 51103		20.00	
10/22/02	ID# CK#	Patricia Feldick 4335 Jefferson St. Sioux City, IA 51108		25.00	
10/22/02	ID# CK#	Charese Vanney 3435 Pawnee Place Sioux City, IA 51104		100.00	
10/22/02	ID# CK#	Steve Salem 1539 A Island Dr. South Sioux City, NE 68776	SUB-TOTAL	100.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but-there is no familial relationship, enter "not applicable" in the relationship column.

Page / of Z

TOTAL (if last page of this schedule)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE Α (Rev. 06/97)

MONETARY **RECEIPTS**

CHECK THIS BOX IF AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	RECEIVED	RAISER INCOME
10/2-	ID# 8338	FAS-PAC		•	
10/23/02	CK# 5040	2600 E 8th St. Boone, IA 50036		100.00	
10 /	ID#	Laura Henriksen			
10/23/02	CK#	PO Box 138 Armstrong, IA 50514		10.00	
10	ID#	Therese Haindfield			
10/23/02	CK#	204 Ronning ton Ct		50.00	
702	ID#	Sergeant Bluff, IA 51054			
10/20	ID#	Ronald Wieck		10000	
10/25/02	CK#	920 Morningside Ave. Sioux City, IA 51106		100.00	
10/	ID#	Janice Noble			Į.
10/25/02	CK#	812 N Shannon Dr. Shan, IA 51055		25.00	
10.	/ ID#	Richard Wallet			
10/25/02	CK#	463 Prairie Passage Dakota Dunes, SD 57049		100.00	
10	ID#	Ronald Nutt			
10/30/02		37/1 Cheyenne Blvd.		100.00	
102	CK#	SIOUX CITY, IA 51104		100.00	
10,	ID#	James Warner			
10/30/02	CK#	4350 Far Hills Rd. Sioux City, IA 51104		100,00	
10.	ID#	Gene Herbek			
10/30/02	CK#	2720 Stone Park Blvd. Sioux City, IA 51104		50,00	
	ID#				
	CK#				
	1	<u> </u>	SUB-TOTAL	63500	

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

(Rev. 09/97)

SCHEDULE **B**

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

7	adia for	State House		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
201	NUMBER ID#	Staples	ink cartridge	
1/22/02	CK# 10 29	840 Gordon Dr.		\$ 37.43
	CK# 1030 ID#	Story City, 1A, 51101 Storples 840 Gordon Dr. Sibux City, 1A, 51101	ink cartridge + paper	73.81
10/23/02	CK# 009	The weekender 515 Pavonia St. Sibux City IA 51105	Advertisment	50.00
10/23/02	CK# 1010	Sroux City Journal 515 Pavonia St. Sroux City, 17 51105	Advertisment	100.00
19/23/02	CK# [0 []	Shopper's Gride Po. Box 3616 Shoux City, 1A 51102	Advertisment	10.00
10/24/02	CK#1032	Record Printing 1117 Villa Ave. Sioux City,-1A 51103	Postcard Printing	188,53
1929/02	CK#1033	Soux City Post Office Soux City, 1A 51101	Bulk postage	666.00
10/30/02	CK# D Z	Clear Channel Communica 1113 Nebraska St. Stock City, 1A 51105	ations Radio Advertisment	200.00
	·		SUB-TOTAL	\$1325.7
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	of	 2
_	 	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 09/97)	MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization
--

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/3/02	ID# CK#	Security National Ba 601 Prence St. Srowx City 1A 51102		\$ 4.28
11/1/02	CK# 1013	Show City 1A 51102 Show City Post Office Show City, 1A 51101	Bulk postage	753,69
10/24/02	CK#	Woodbury County Counisoner of elections Sroux City 1A 51101	Tabel printing	5.00
12/4/02	CK#1034	Sroux City, 1A 51101 Woodbury County Republicans	Money Given towards After-election party	100.00
	ID# CK#			
	ID# CK#			
	ID#			
	ID# CK#			

SUB-TOTAL

862,97

TOTAL (if last page of this schedule)

2188.74

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM				Reset Form	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organi Radig For Lowa Ho	4				[(LOANS RECEIVED & REPAID
NOTE: This schedule reports money loaned to the committee of the committee	which is deposited in		ccount.		CHECK TH AMENDING	
PART I - MONETARY LOANS RECEIVED THIS REPORTING (Original source of loan, such as a bank, must be sho involved. Include loans from candidate's personal fur	own if a third party is			NETARY LOAN REPAYMENTS MADE <u>THIS</u> ans forgiven must be reported on Schedule E		
DATE NAME AND ADDRESS OF LENDER RECEIVED (Include Endorser's Name, if Applicable) (MM/DD/YR)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	
12/ Keith Radig 3503 Broken Kettle Rd. 102 Sioux City, IA 51104	candidate	21.00				\$
	-					
TOTAL (PART I)	s_Z/	,00		TOTAL CASH REPAYMENTS (PAF From Schedule E TOTAL LOANS FORGIVE JTSTANDING LOANS END OF REPORT PEI	EN \$	0 0 247,82
*Disclosure law requires candidate committees to disclose the making a contribution to the committee. Relationship must be consanguinity (blood relatives) and affinity (relatives by marriag packet.) If surname of contributor is the same as candidate, but relationship, enter "not applicable" in the relationship column with the relatio	shown to the third de le). (See Page 2 of f ut there is no familial	gree of		Page	of	/

FOR INSTRUCTIONS, SEE BACK OF FORM	Reset Form FORM
DISCLOSURE SUMMARY PAGE	DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization) Radig For State House	(Rev. 01/2003) REPORT For Office Use Only
IMPORTANT: Indicate type of committee you are reporting for:	Comm. # /4 /5
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candid (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support Slate of Candidates	
CANDIDATE COMMITTEES ONLY:	
Candidate Name Political Party Keith Radig Republic	DISCLOSURE BOARD
Office Sought District (if Senate of Lowa House of Representatives HD.	
01-	574-0718 1-16-03
SIGNATURE OF TREASURER (or person filing this report) TELEPHO	
Late filed reports are subject to possible civil	and criminal penalties.
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SE	ENTENCE:
I AM FILING A REPORT FOR AN	/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate or	[/r-]
CHECK IF AMENDMENT TO REPORT DATED	Local Committees, enter Date of Election
Check if this is final (termination) report and attach Notice of Dissolution Form D (You must continue to file reports until a Notice of Dissolution is filed.)	OR-3. County & Local Committees, enter County in which Election is held
STATEMENT OF CASH ON H	HAND
CASH ON HAND at the beginning of the reporting period. (This is the total of all moby the committee. This amount MUST be the same as the cash on hand a of the last reporting period, or must be zero if this is first report filed.)	at the end // >Q /) S
ADD TOTAL MONEY TAKEN IN THIS PERIOD	1170 00
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-ki	ind below)
Schedule F: Loans Received total (Attach Schedule F)	-71.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
	SUB-TOTAL\$ ZZ89.08 d loans below) Z086.60
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and	d loans below) 2086.60
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report, balance must	202.48
be zero) (Attach DR-3)	**************************************
HINDAID DILLE (Franc Cahadula D. Attach Cahadula D.)	\$ 0
**UNPAID BILLS (From Schedule D - Attach Schedule D)	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	-
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ \alpha \(\frac{1}{1} \) \(\alpha \)
CANDIDATE COMMITTEES ONLY:	□ _{YES} ⊠ _{NO}
CONSULTANT BREAKDOWN (Schedule G Attached?)	25.00
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ _ & \(\infty \). \(\text{U} \)

ı	For	Inetru	ctions.	Saa	Rack	Ωf	Earm
ı	LO1	เมอแน	CHUHS.	. aee	Dater	OI.	COLL

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE	
(Rev. 06/97)	MONETARY RECEIPTS

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Radig For State House

CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/17/02	ID# CK#	John Mayne 3832 Nebraska St. Sioux City, IA 51104		\$ 25.00	
10/17/02	ID# CK#	John Cleghorn 47 N Royal Troon Dakota Dunes, SD 57049		25.00	
10/17/02	ID# CK#	Reinhold Hoffman 1902 Jackson St. Sioux City, IA 51104		100.00	
10/17/02		Mary Anderson 1018 25th St. Sioux City, IA 51104		25.00	
10/17/02	ID# CK#	Shirley Navrude 4343 Old Lakeport Rd. Sionx City, IA 51106		50.00	
10/17/02	ID# CK#	Barbara Vakulskas 4300 Country Club Blud. Sioux City, IA 51104		25,00	
10/17/02	ID# CK#	Bev Huldeen 1804 Isabella St. Sioux City, IA 51103		20.00	
10/22/02	ID# CK#	Patricia Feldick 4335 Jefferson St. Sioux City, IA 5/108		25.00	
10/22/02	ID# CK#	Charese Yanney 3435 Pawnee Place Sioux City, IA 51104		100.00	
10/22/02	ID# CK#	Steve Salem 1539 A Island Dr. South Sioux City, NE 68776	SUB-TOTAL	100.00	

TOTAL (if last page of this schedule)

Page _____ of ______

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Fo	For I	instructio	ns See	Back	of For
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CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE

A MONETARY
(Rev. 06/97) RECEIPTS

CHECK THIS BOX IF AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Radig For State House

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/23/02	ID# 8338 CK# 5040	FAS-PAC 2600 E 8th St. Boone , IA 50036		\$100.00	
10/23/02	CK#	Laura Henriksen PO Box 138 Asmstrong, IA 50514		10.00	
10/23/02	ID# CK#	Therese Haindfield 306 Bennington Ct. Sergeant Bluff, IA 51054		50.00	
10/25/02	CK#	Ronald Wieck 920 Morningside Ave. Sioux City, IA 51106		100.00	
10/25/02	CK#	Janice Noble 812 N Shannon Dr. 56an, IA 51055		25.00	
10/25/02	CK#	Richard Waller 463 Prairie Passage Dakota Dunes, SD 57049		100.00	
130/02	CK#	Ronald Nutt 37/1 Cheyenne Blvd. Sioux City, IA 51104		100.00	
10/30/02	ID# CK#	James Warner 4350 Far Hills Rd. Sioux City, IA 51104		100.00	
10/30/02	CK#	Gene Herbek 2720 Stone Park Blvd. STONX CITY, IA _STICT		50.00	
	ID# CK#				
			SUB-TOTAL	175 00	

TOTAL (if last page of this schedule)

Page _____of ______

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHE	CK THIS BOX IF

AMENDING FORM

COMMITTEE	NAME	(Must be	same a	as on	Statement	of Organization)
	,	_		1	11	

Rudig for State House

	CAMPIDATE	NAME AND ADDRESS TO WILLOW	DUDBOOF	ANIOUNIT
DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
EXPENDED	(if applicable)	(Disbursement) WAS MADE	(BESSINGE TIVITOTION)	270 211020
(MM/DD/YR)	AND PAC	·		
	CHECK			
	NUMBER	C4 06 C		
10/2-	ID#	Staples	Printer ink	
122,	CK#	840 Gordon Drive	cartridge	\$ 37.43
102	1029	Sioux City IA 51101		+ 37.10
10	CK# 1029	Staples	Printer ink	
¹⁰ /23,	0144	840 Gordon Drive		73.8/
10/23/02	CK# 1030	Sioux City, IA 51101	cartridges + Paper	12.01
1/2 ,	ID#	The weed ender	Newspaper	
17/23,	CV#	575 Pavonia St.	Advertizement	50.00
10/23/02	CK#/009	Sioux City, IA 51105	Haver-112ement	
1/2	ID#	SIOUX CITY Journal	Newspaper	
$ ^{10}/23.$	01411	515 Pavonia St		100.00
10/23/02	CK# /0/0	Sioux City, IA 51105	Advertizement	, -
10/23/02	ID#	Shopper's Guide	Newspaper	40.00
123,	CK#	PO Box 36/6_		10.00
102	CK# /0//	Sioux City, IA 51102	Advertizement	
101	ID#	Record Printing	Printing of Postcards	
124.	CIV#	1117 Villa Ave.	1,111	188,53
102	ID# CK#/032 ID#	Sioux City, IA 51103		700,0
10/29/02	ID#	Sioux City Post office		
129/	CK# / ~ ~ -	Sioux City, I.A	Bulk Postage	666.00
102	CK#/033	51/01-9998		
101	ID#	Clear Channel Communical	tions Radio	
1301		1113 Nebraska St.		200.00
10/30/02	CK# 1012	SIOUX City, IA 5/105	Advertizement	
			SUB-TOTAL	\$325.77
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

	1		7	
Page _		of _	ol	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
• • • • • • • • • • • • • • • • • • • •	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Radig For State House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11,	ID#	Sioux City Post Office		
11/1/02	CK# 1013	Sioux City IA 51101-9998	Bulk Postage	\$753.69 5.00
10/-11	ID#	Woodbury County Commissioner of Elections	Votes Registration	<i>-</i> 00
10/24/02	CK# 1031	Sioux City, IA 57/01	Votes Registration Computer Print out/Labels	3.00
12/	ID#	Security National Bonk		7 111
12/31/02	CK#	Sioux City, IA	Bank Fee	2.14
	ID#			
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	CK#			
	ID#			
	CK#			
	1		SUB-TOTAL	\$ 76083

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page \overline{Z} of \overline{Z}

TOTAL (if last page of this schedule)

FOR INSTRUC	CTIONS, SEE BACK OF FORM				Reset Form	SCHEDULE	
	NAME (Must be same as on Statement of Organiz Radig For Lowa Ho				- Resolf Office	F (Rev. 08/96)	LOANS RECEIVED & REPAID
NOTE: This so	chedule reports money loaned to the committee w	which is deposited in		account.		CHECK T AMENDIN	
(Orig	NETARY LOANS RECEIVED THIS REPORTING ginal source of loan, such as a bank, must be showed. Include loans from candidate's personal fur	own if a third party is			NETARY LOAN REPAYMENTS MADE THIS ans forgiven must be reported on Schedule E		
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSH TO CANDIDAT (If Applicable	E* REPAID
12/6/02	Keith Radig 3503 Broken Kettle Rd. Sioux City, IA 51104	candidate	\$ 2/. \infty			;	\$
Astron							
	TOTAL (PART I)	\$_Z[,00		TOTAL CASH REPAYMENTS <i>(PA)</i> From Schedule E TOTAL LOANS FORGIV	,	0
					UTSTANDING LOANS END OF REPORT PE		247.80
making a con consanguinity packet.) If su	aw requires candidate committees to disclose the tribution to the committee. Relationship must be y (blood relatives) and affinity (relatives by marriagurname of contributor is the same as candidate, be the first period applicable" in the relationship column we	shown to the third de ge). (See Page 2 of t ut there is no familial	egree of forms		Page	of	- - - - -

COMMITTEE NAME (Must be same as on Statement of Organization) Reset Form Reset Form							H (Rev. 02/9	i	PAIGN PERTY
							ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.		
	NG INVENTORY OF			PART II - SAL	ES OR TRANSFERS OF CAMPAIGN	PROPERTY **	_	CK THIS I	
Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report	Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Priœ	Value o Donation
9/20/02	Heavy-Duty Staple	36.99	25.00						
FOTAL VALUE CAMP	PAIGN PROPERTY THIS REMARY PAGE) \$	EPORT 25	,00		TY SALES & TRANSFERS TOTAL (FER TO SUMMARY PAGE) \$	тоти	ALS	\$ <u> </u>	0

(Attach Additional Schedules if Needed)

SCHEDULE

^{*} If estimated, show est. beside figure.